

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2001**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection**A** For the 2001 calendar year, or tax year period beginning

and ending

**B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Final  
return
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instructions**C** Name of organization**ASSOCIATES IN COUNSELING AND CHILD  
GUIDANCE, INC.**

Number and street (or P O box if mail is not delivered to street address)

**272 E. CONNELLY BLVD.**

City or town, state or country, and ZIP + 4

**SHARON, PA 16146****D** Employer identification number**25-1822655****E** Telephone number**(724) 983-1381****F** Accounting method☒ Cash ☐ Accrual☐ Other  
(Specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ)**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☒ if the organization is not required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **N/A****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The  
organization need not file a return with the IRS, but if the organization received a Form 990 Package  
in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶**5,609,413.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	1a		
<b>b</b>	Indirect public support	1b		
<b>c</b>	Government contributions (grants)	1c		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d	<b>0.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)		2	<b>5,588,968.</b>
<b>3</b>	Membership dues and assessments		3	
<b>4</b>	Interest on savings and temporary cash investments		4	<b>20,445.</b>
<b>5</b>	Dividends and interest from securities		5	
<b>6 a</b>	Gross rents	6a		
<b>b</b>	Less rental expenses	6b		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
<b>7</b>	Other investment income (describe ▶ )		7	
<b>8 a</b>	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	8a		
<b>c</b>	Gain or (loss) (attach schedule)	8b		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
<b>9</b>	Special events and activities (attach schedule)		8d	
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
<b>b</b>	Less direct expenses other than fundraising expenses	9b		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a		
<b>b</b>	Less cost of goods sold	10b		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
<b>11</b>	Other revenue (from Part IV, line 103)		11	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	<b>5,609,413.</b>
<b>13</b>	Program service expenses (from line 44, column (A))		13	<b>4,937,366.</b>
<b>14</b>	Management and general (from line 44, column (B))		14	<b>759,265.</b>
<b>15</b>	Fundraising (from line 44, column (C))		15	
<b>16</b>	Payments to affiliates (attach schedule)		16	
<b>17</b>	Total expenses (add lines 13 and 14, column (A))		17	<b>5,696,631.</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)		18	<b>&lt;87,218.&gt;</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))		19	<b>595,745.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)		20	<b>0.</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	<b>508,527.</b>

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01-04-02

LHA For Paperwork Reduction Act Notice, see the separate instructions 1

**EXHIBIT**

C

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SCANNED NOV '02

13P

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**ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.**

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 122,534.	61,267.	61,267.	0.
26 Other salaries and wages	26 3,078,015.	2,771,020.	306,995.	
27 Pension plan contributions	27			
28 Other employee benefits	28 206,546.	179,695.	26,851.	
29 Payroll taxes	29 285,741.	248,595.	37,146.	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 211,151.		211,151.	
33 Supplies	33 107,528.	107,528.		
34 Telephone	34 59,284.	59,284.		
35 Postage and shipping	35 6,809.		6,809.	
36 Occupancy	36 15,002.	15,002.		
37 Equipment rental and maintenance	37 36,186.	36,186.		
38 Printing and publications	38 1,599.	1,599.		
39 Travel	39			
40 Conferences, conventions, and meetings	40 25,722.	25,722.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 27,503.	27,503.		
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 1</b>	43e 1,513,011.	1,403,965.	109,046.	
44 Total functional expenses (add lines 22 through 43)	44 5,696,631.	4,937,366.	759,265.	0.
Organizations completing columns (B)-(D), carry these totals to lines 13-15				

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶

**TO PROVIDE MENTAL HEALTH SERVICES FOR CHILDREN**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a <b>TO PROVIDE MENTAL HEALTH SERVICES FOR CHILDREN IN THE SHENANGO VALLEY AREA.</b>		
(Grants and allocations \$ _____)		4,937,366.
b _____		
(Grants and allocations \$ _____)		
c _____		
(Grants and allocations \$ _____)		
d _____		
(Grants and allocations \$ _____)		
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		4,937,366.

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GUIDANCE, INC.**

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**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	539,722.	45	473,639.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment, basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 101,922.			
b Less accumulated depreciation	57b 44,394.	68,258.	57c	57,528.
58 Other assets (describe ► SEE STATEMENT 2 )		7,450.	58	6,675.
59 Total assets (add lines 45 through 58) (must equal line 74)		615,430.	59	537,842.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	19,685.	60	29,315.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► )		65	
66 Total liabilities (add lines 60 through 65)		19,685.	66	29,315.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	595,745.	67	508,527.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		595,745.	73
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		615,430.	74	537,842.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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**ASSOCIATES IN COUNSELING AND CHILD  
GUIDANCE, INC.**

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**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If "Yes," enter the name of the organization <span style="float:right">and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.</span>		
81 a Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b Did the organization file Form 1120-POL for this year?		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <span style="float:right">82b N/A</span>		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span>		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? <span style="float:right">N/A</span>		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>		
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87 501(c)(12) organizations Enter a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b N/A</span>		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a List the states with which a copy of this return is filed <span style="float:right">PENNSYLVANIA</span>		
b Number of employees employed in the pay period that includes March 12, 2001 <span style="float:right">90b 96</span>		

91 The books are in care of APRIL BROWN Telephone no (724) 983-1381Located at 272 E. CONNELLY BLVD., SHARON, PA ZIP + 4 1614692 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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**ASSOCIATES IN COUNSELING AND CHILD  
GUIDANCE, INC.**

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**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>FEES AND REIMBURSEMENTS</b>					5,588,968.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	20,445.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		20,445.	5,588,968.
105 Total (add line 104, columns (B), (D), and (E))					5,609,413.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93A MENTAL HEALTH SERVICES FOR CHILDREN IN THE SHENANGO VALLEY AREA.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct.

11/12/2002  
Shayen A. George Executive Director  
Type or print name and title



**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(c), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary information—(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**Name of the organization **ASSOCIATES IN COUNSELING AND CHILD  
GUIDANCE, INC.**Employer identification number  
**25 1822655****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KRISTIE ABBS</u>	BSC WORKER			
<u>9241 OLD PERRY HWY, PITTSBURGH, PA</u>	40	65,649.	0.	0.
<u>MICHAEL BRENNICK</u>	TSS WORKER			
<u>525 DUTCH LANE #13, HERMITAGE, PA</u>	40	63,866.	0.	0.
<u>DAWN HANAWAY</u>	ADMINISTRATOR			
<u>3821 TIMBERLANE DRIVE, HERMITAGE, PA</u>	40	60,360.	0.	0.
<u>DEREK MIHALCIN</u>	BSC WORKER			
<u>40 MOCK STREET, APT #7, HUBBARD, OH</u>	40	57,523.	0.	0.
<u>CHERYL PAVLICKO</u>	ADMINISTRATOR			
<u>2201 DELAWARE AVENUE, NEW CASTLE, PA</u>	40	60,191.	0.	0.
Total number of other employees paid over \$50,000 ▶	1			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>PSYCHOLOGICAL SUPPORT SYSTEMS</u>		
<u>P.O. BOX 710, SHARON, PA</u>	PSYCHOLOGICAL CONSULTING SERVICE	295,000.
<u>JONES, GREGG, CREEHAN &amp; GERACE</u>		
<u>411 7TH AVENUE, SUITE 1200, PITTSBURGH, PA</u>	LEGAL SERVICES	117,598.
<u>-----</u>		
<u>-----</u>		
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<u>-----</u>		
Total number of others receiving over \$50,000 for professional services ▶	0	

**EXHIBIT**

C-1

tabbles

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Schedule A (Form 990 or 990-EZ) 2001 **ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.**

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**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions ) <b>SEE STATEMENT 3</b>		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Schedule A (Form 990 or 990-EZ) 2001



Schedule A (Form 990 or 990-EZ) 2001 **ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.** 25-1822655 Page 3**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	0.	0.			
16 Membership fees received	0.	0.			
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,323,165.	3,676,604.			9,999,769.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0.	0.			
19 Net income from unrelated business activities not included in line 18	0.	0.			
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.			
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.			
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	6,323,165.	3,676,604.	0.	0.	9,999,769.
24 Line 23 minus line 17					
25 Enter 1% of line 23	63,232.	36,766.			

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) 0. (1999) 0. (1998) 0. (1997) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) 0. (1999) 0. (1998) 0. (1997) 0.		
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 9,999,769. 20 _____ 21 _____	27c	9,999,769.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	9,999,769.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	9,999,769.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	100.0000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.0000%

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

## ASSOCIATES IN COUNSELING AND CHILD

Schedule A (Form 990 or 990-EZ) 2001 **GUIDANCE, INC.**

25-1822655 Page 4

**Part V** Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2001

## ASSOCIATES IN COUNSELING AND CHILD

Schedule A (Form 990 or 990-EZ) 2001 **GUIDANCE, INC.**

25-1822655 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)  
Affiliated group  
totals(b)  
To be completed for ALL  
electing organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)

36

N/A

37 Total lobbying expenditures to influence a legislative body (direct lobbying)

37

38 Total lobbying expenditures (add lines 36 and 37)

38

39 Other exempt purpose expenditures

39

40 Total exempt purpose expenditures (add lines 38 and 39)

40

41 Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41

42 Grassroots nontaxable amount (enter 25% of line 41)

42

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

43

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

44

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount
		0.

a Volunteers

b Paid staff or management (Include compensation in expenses reported on lines e through h)

c Media advertisements

d Mailings to members, legislators, or the public

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Exempt Organizations** (See page 12 of the instructions )**a Transfers from the reporting organization to a noncharitable exempt organization of:**

(i) Cash

(ii) Other assets

**b Other transactions**

**(i) Sales or exchanges of assets with a noncharitable exempt organization**

**(ii) Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

☐ Yes ☒ No

b. If "Yes," complete the following schedule:

N/A

**Depreciation and Amortization**

OMB No 1545-0172

Form **4562**New March 2002  
Department of the Treasury  
Internal Revenue Service

(Including Information on Listed Property)

**2001**Attachment  
Sequence No **67**

▶ See separate instructions

▶ Attach to your tax return

Name(s) shown on return

Identifying number

**ACCG, INC.**

Business or activity to which this form relates

**All Business Activities****Part I Election To Expense Certain Tangible Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see pg. 3 of the instr.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after Sept. 10, 2001 (see page 3 of the instr.)	14	1,642.91
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	1,118.00

**Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	22,306.29
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,742.20	5.0	HY	200DB	1,148.43
c 7-year property		8,131.73	7.0	HY	200DB	1,161.68
d 10-year property		1,256.50	10.0	HY	200DB	125.65
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C-Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See page 6 of the instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	27,502.96
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form 4562 (2001) (Rev. 3-2002)

DAA

ACCG, INC.

Form 4562 (2001) (Rev. 3-2002)

Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information** (Caution: See page 8 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?		Yes	No
(a) Type of prop. (list vehicles first)	(b) Date placed in service	(c) Busn./invest. use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions)								25		
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)										
		%								
		%								
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)										
		%				SL-				
		%				SL-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
*? Amortization of costs that begins during your 2001 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2001 tax year					43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44

DAA

Form 4562 (2001) (Rev. 3-2002)



## ASSOCIATES IN COUNSELING AND CHILD GUIDA

25-1822655

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	14,762.	14,762.			
ADVERTISING	92,831.		92,831.		
CONTRACTED LABOR	882,747.	882,747.			
CONTRACTED SERVICES	372,731.	372,731.			
STAFF SERVICES	13,217.	13,217.			
SECURITY	4,158.		4,158.		
MISCELLANEOUS	17,299.	17,299.			
CONTRIBUTIONS	3,025.		3,025.		
MEALS AND					
ENTERTAINMENT	24,963.	24,963.			
YOUTH MEMBERSHIPS	9,142.	9,142.			
SUBSCRIPTIONS	3,507.	3,507.			
RENT	65,597.	65,597.			
PENALTIES	2,400.		2,400.		
VEHICLE LEASE	6,632.		6,632.		
TOTAL TO FM 990, LN 43	1,513,011.	1,403,965.	109,046.		

FORM 990	OTHER ASSETS			STATEMENT	2
DESCRIPTION	AMOUNT				
LEASE DEPOSIT	6,000.				
NOTE RECEIVABLE - EMPLOYEE	675.				
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	6,675.				

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT	3
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THE ORGANIZATION LEASES OFFICE SPACE FROM THE CLINIC DIRECTOR. THE ORGANIZATION HAS ALSO CONTRACTED TO PROVIDE LABOR FROM AN ORGANIZATION IN WHICH THE CLINIC DIRECTOR IS A STOCKHOLDER. THE CLINIC DIRECTOR IS ALSO RELATED TO THE OWNER OF A CONSULTING COMPANY WITH WHICH THE ORGANIZATION HAS CONTRACTED FOR CONSULTING SERVICES. ALL FEES PAID TO RELATED PARTIES ARE REASONABLE AND NECESSARY FOR THE OPERATIONS OF THE ORGANIZATION.

Form 8868

Page 2

- If you are or an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are ~~requesting~~ an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.	Name of Exempt Organization <b>ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.</b>	Employer identification number <b>25-1822655</b>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>272 E. CONNELLY BLVD.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SHARON, PA 16146</b>	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990 T (sec 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990 BL ☐ Form 990 PF ☐ Form 990 T (trust other than above) ☐ Form 4720 ☐ Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3 month extension of time until NOVEMBER 15, 2002
- 5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**THE TAXPAYER IS CURRENTLY AWAITING ADDITIONAL INFORMATION THAT IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

- 8a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

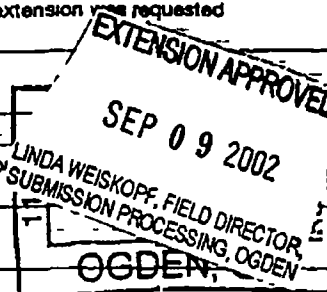
Signature [Signature] Title CPA Date 9-15-02**Notice to Applicant - To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension to be mailed to a different than the one entered above

Type or print	Name <b>MCGILL, POWER, BELL &amp; ASSOCIATES, LLP</b>
	Number and street (include suite, room, or apt. no.) Or a P O box number <b>3110 HIGHLAND ROAD</b>
	City or town, province or state and country (including postal or ZIP code) <b>HERMITAGE, PA 16148</b>



Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶ ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶ ☐  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.</b>	Employer identification number <b>25-1822655</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>272 E. CONNELLY BLVD.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SHARON, PA 16146</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year 2001 or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [Signature] Title ▶ [Signature]  
LHA For Paperwork Reduction Act Notice, see instruction

Date ▶ 5/14/02  
Form 8868 (12-2000)